

*****LANDSCAPE APPROVAL AND INSPECTION*****

☐ A LANDSCAPE PLAN (which depicts the plant types and locations) Must Be Submitted To The Planning Department For Review And Approval On or Before _____ (90 Days).

☐ The Required LANDSCAPE PLANT MATERIAL Must Be Installed And Inspected Prior To Receiving A Certificate of Occupancy.

To request an inspection contact Landscape / Watershed Planner at 336-373-2918.

*****TREE PRESERVATION APPROVAL AND INSPECTION*****

☐ The Required TREE PROTECTIVE FENCING Must Be Installed and Inspected Prior to Land Disturbance.

To request a pre-construction meeting contact the Urban Forester at 336-373-2150.

☐ The Required REFORESTATION AREA Must Be Installed And Inspected Prior To Receiving A Certificate of Occupancy.

*****ZONING APPROVAL AND INSPECTION*****

☐ The Required Parking Spaces And Drive Aisles Must Be PAVED And STRIPED Prior To Receiving A Certificate of Occupancy.

☐ Tank Permit required*
(Contact Zoning Office at 336-373-2630)

☐ Sign Permit required*
(Contact Zoning Office at 336-373-2630)

*****WATERSHED APPROVAL AND INSPECTION*****

☐ A FINAL PLAT Must Be Recorded In The Guilford County Register Of Deeds Prior To Receiving A Certificate of Occupancy.

☐ Construction Of The WATER QUALITY DEVICE (POND) Must Be Complete And The “Engineer’s Certification Of Completion” Sent To The Planning Department Prior To Receiving A Certificate of Occupancy.

*****SOIL EROSION CONTROL*****
(Contact Erosion Control Officer at 336-373-2158)

☐ Watershed Pond Construction / Surety Or Improvement Guarantee Must Be Submitted.

***** ENGINEERING CONSTRUCTION APPROVAL *****
(Contact Engineering Division at 336-373-2052.)

- ☐ Pavement Cut Permit May Be Required.*☐ Roadway Construction Plans Required.*☐ Storm Sewer System.

☐ Permit Required To Tie Into Storm Sewer System.☐ Driveway Culvert Inspection Required.

*****WATER RESOURCES CONSTRUCTION APPROVAL *****
(Contact Water Resources at 336-373-2055)

Water System*

☐ State Water Permit Required.☐ Outside City – Utility Agreement And Annexation Petition Required.

Sanitary Sewer System*

☐ State Sanitary Sewer System Permit Required☐ Outside City – Utility Agreement And Annexation Petition Required.

* Fee required before construction plans are released.

***** *TO BE FILLED OUT BY DESIGNER* *****

*****PROJECT SUMMARY*****

Minimum Number Of Required Parking Spaces: _____
Total Number Of Provided Parking Spaces: _____

Plat book and/or Deed book Reference: _____
Street Classification(s): _____

Developer’s Name: _____
Address: _____
Daytime Phone Number: _____

Existing Land Use: _____ SIC # _____

Stormwater Management / Watershed

Stormwater Control / Improvements(s)_____

Maximum Amount of BUA Allowed Per Stormwater Control Design: _____

Distance to Nearest Floodway: _____
On-site soil type(s): _____
Hydrologic group(s): _____
Amount of site to be disturbed: _____

This Area Reserved for Water Resources Construction Approval Stamp.

COVER SHEET APPLICATION FORM (Revised June 11, 2001)	
Greensboro City Planning Department	
Mailing Address: P.O. Box 3136, Greensboro, NC 27402-3136	
Office Address: 300 West Washington Street, Greensboro, NC 27402	
If you have any questions about the process please call Danielle Easter with the Planning Department at 336-373-2423	
PLAN TYPE:	REVIEW FEE:
Site Plans > 15,000 Sq. Ft. GFA	\$75.00 plus \$5.00 per 1,000 sq. ft gross floor area
Site Plans < 15,000 Sq. Ft. GFA	N/A
Multifamily Developments	\$75.00 plus \$5.00 per dwelling unit or space
Single Family Subdivisions	\$150.00 plus \$25.00 per lot
Minor Revisions	\$15.00 plus the per lot, sq. ft., dwelling unit or space fee listed above applied to any increase.
Submit 13 copies of plans to the Planning Department for review.	
Plan review takes 7-10 working days; the Planning Department staff will contact you when your plan is ready.	
PROJECT SUMMARY:	
Owner / Applicant: _____	
Report Comments to: _____	
Telephone Number: _____	Fax Number: _____
E-Mail: _____	
Report Comments to: _____	
Telephone Number: _____	Fax Number: _____
E-Mail: _____	
Tax Map / Block / Parcel # (s): _____	
Total Tract Acreage: _____	
Zoning District: _____	
Watershed Designation: _____	
Proposed Use: _____	
Number of Lots: _____	
Multifamily Developments: # of Units _____	
Type: _____ Apartments _____ Townhomes _____ Condominiums	
Non-Residential Developments: Existing GFA: _____ Proposed GFA: _____	
Amount of Existing BUA: _____	
Amount of Proposed BUA: _____	
PLAN SUBMISSION GUIDELINES	
Plans submitted to the Planning Department that do not include the items on the Design Review Application Form will not be reviewed, and will be returned to the contact person.	
This portion of the cover sheet must be filled out and signed by the person designing the site to show that he/she has read and provided the required information to submit a plan to the Planning Department.	
I have read, understood and completed the attached plan to the best of my knowledge and ability.	
Name: _____	Phone: _____ Date: _____

Date Map Revised:	
Revisions	By

*****TRANSPORTATION APPROVAL*****
(Contact GDOT at 336-373-2332)

Driveway Permit:

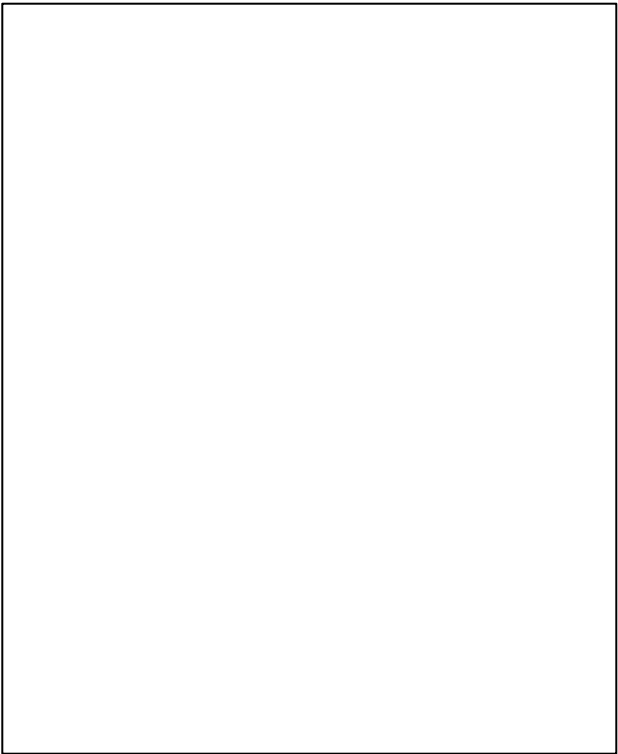
☐ City of Greensboro Driveway Permit Required☐ N.C. Department Of Transportation Driveway Permit Required.

Driveway Permit Issued? _____Yes _____N/A
_____NO, DO NOT ISSUE BUILDING PERMIT.

*****SUBDIVISION APPROVAL*****

☐ A FINAL PLAT Must Be Recorded In The Guilford County Register Of Deeds Prior To Issuance Of A Building Permit.

Final Plat Recorded? _____Yes _____N/A
_____NO, DO NOT ISSUE PERMIT.



VICINITY MAP

Watershed Plan Approved By The Technical Review Committee (TRC) on _____,

and/or Site Plan, Subdivision, Group Development,

Approved by _____, on _____.(_____)

TRACKING NUMBER

(Planning Services)

(Engineering Stormwater)

(Transportation)

(Water Resources)

Conformance With This Approved Plan Is Your Responsibility; And Any Change In Land Use, Lot Lines, Building Location, Parking, Drives, Utility Lines, Landscaping, etc. MUST Be Resubmitted To The Planning Department To Eliminate Delays In The Review Process.

Map Preparer's Name: _____ Telephone Number: _____

Address: _____ E-Mail: _____ Fax: _____

Site Location Address: _____

City of Greensboro, North Carolina

Project Name: _____

Type of Plan: _____ Preliminary

Site Plan _____ Group Development Plan _____ Subdivision _____ Clearing / Grubbing